

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018266

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 5179

Registrar's No. _____

FILED MAY 28 1962

VS 300
Rev. 4/59

10150

201502

3

4

5

6

7

8

9420.1

10

11

1296

132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Osage

Length of stay in 1b

6 mon.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

At-Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Camden

c. CITY OR TOWN

Camdenton

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Route 1

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

John

Middle

Henry

Last

White

4. DATE OF DEATH

Month

May

Day

24

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept. 18-1898

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months 8

Days 6

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rancher

10b. KIND OF BUSINESS OR INDUSTRY

Cattle

11. BIRTHPLACE (City and state or country)

Wanatah Indiana

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Theodore L. White

13b. MOTHER'S MAIDEN NAME

Augusta ?

14. NAME OF HUSBAND OR WIFE

Amanda White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Amanda White, Camdenton Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

immed.

DUE TO (b)

Coronary occlusion

3-4 hrs.

DUE TO (c)

Arterio-sclerosis

sev. years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None known

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Camdenton

20f. CITY, TOWN, OR LOCATION

COUNTY

Camden

STATE

Mo.

21. I attended the deceased from 10 AM 5/24/62 to 12:15 PM 5/24/62 and last saw him alive on 5/24/62

Death occurred at 12:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

R. Schimmoller D.O.

22b. ADDRESS

Camdenton, Mo.

22c. DATE SIGNED

5/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 28, 1962

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

Michigan

Indiana

24. FUNERAL DIRECTOR

Robert H. Reed, Camdenton Mo.

25. DATE RECD. BY LOCAL REG.

May 24-1962

26. REGISTRAR'S SIGNATURE

Zilpha J. Drow.

MAY 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H Reef

Licensed Embalmer No. 3745

P. O. Address Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.